

RUN DATE: 10/07/11
RUN TIME: 1002
RUN USER: MR0056

LITTLE COMPANY OF MARY HOSPITAL
2800 W 95TH STREET
EVERGREEN PARK, IL 60805

ADMIT DATE: 10/06/11
ADMIT TIME: 1533

NAME: [REDACTED]

ACCOUNT #: [REDACTED]

UNIT #: [REDACTED]



LATEX ALLERGY?

BIRTHDATE: [REDACTED]
AGE: 43
SEX: M

PRIMARY LANGUAGE: English
RACE: B

FIN CLASS: SP

--- PATIENT'S ADDRESS ---

--- PATIENT'S EMPLOYER ---
UNEMPLOYED

--- PERSON TO NOTIFY ---

--- NEXT OF KIN ---

CHICAGO, IL 60649

OCCUPATION:

(WORK)

(REL)
(HOME)
(WORK)

BRQ

--- GUARANTOR ---

--- GUARANTOR'S EMPLOYER ---
UNEMPLOYED

REL: SP

CHICAGO, IL 60649
(HOME)

(BUS)

OCCUPATION:

REASON FOR VISIT: HEAD AND HAND PAIN

COMMENTS: SEE NOTES

--- PHYSICIANS ---

--- NON STAFF PHYSICIAN INFORMATION ---

PH: NO NO NO DOCTOR NUMBER, NONE
ATT:
FAX:
OTH:
ER: LOPRI [REDACTED]

PH:
FAX:

PATIENT STATUS: DEP ER
ADMIT PRIORITY:
SERVICE:
LOCATION: ER
ROOM:

INSURANCE #1
INS.: SELF PAY
STREET:
CITY:
PHONE:

INSURANCE #2

INSURANCE #3

*** CONSENT ***

I, (or the below-named patient), understand my condition requires hospital care, and voluntarily consent to such hospital care, including laboratory tests, diagnostic procedures and medical treatment as deemed necessary in the judgement of my physician and such associates and assistants of said physician.

I have been informed and understand that the physician(s) providing services to me at Little Company of Mary Hospital and Health care Centers, such as my personal physician(s), emergency department physicians, surgeons, other allied health providers, residents, medical students and interns are independent contractors and are not employees or agents of this hospital. I further understand that each of these physicians will bill me separately for his/her services.

Witness

Patient

Signature of Authorized Person

Relationship to Patient

ED ADMITTING RECORD



LOG # 1049246

Attachment # 37

RUN DATE: 10/1
RUN TIME: 1511
RUN USER: ADM0097

Little Company, sions **LIVE**
EMERGENCY DEPT. PATIENT RECORD

PAGE 1

Arrival Date: 10/06/11

Arrival Time: 1510

Run Date: 10/06/11

Run Time: 1511

CHIEF COMPLAINT: Evaluation

HPI: In CAD company. today he was on a bicycle & crashed in
RDS: time police. Car hit his bike & he fell. Spun policeman
PHx: jumped out of car & punched him in the face several
SOCIAL Hx: times. No LOC. He denies hitting the policeman. (He is
here also as a source for a human life (personal protocol))

PHYSICAL EXAMINATION: Time: 1700 all over system recheck (1)
dent unfixable PERKEL COAST CNOZting
no bleeding from mouth. small red bruise = 1cm.

Dictation #

() Chart complete

(1) forehead. No deformity

TESTS ORDERED:

() Protocol:

exposure protocol source

() CBC () CHEM 8 () CHEM 6 () Amylase () Lipase () Cardiac Enzymes () PT () PTT () EKG

() ABG () D Dimer () BNP () UA () Urine C/S () Blood C/S x 2 () EAU () Drug Level:

() UGS (done by ED Staff) () ETOH () Quantitative HCG Serum () ABORH () Type & Screen

() Chlamydia & Gonorrhea () Trichomonas/Yeast Wet Mount

() Radiology Testing:

(1) head

Reason:

Time: Additional Testing:

HIV(-) HbSAG(-) anti-HCV
pancreas

Time:

Medications/IV's, Treatments:

RN Initials

1 byref 600mg po q6h

R.N. Initials/Signature:

Other/Discharge Instructions:

1 byref 600mg po q6h
head injury confirm

Physician Notification and Time:

DIAGNOSIS:

(1) Contusion (2) Head Injury
fracture 3rd

Physician Signature/Doc #:

Paul for 400 2041

() Discharged () Admitted () Inpatient () Observation Services/Outpatient () Transferred

Form 100015



Emergency Department Record



Age: 43



Sex: M

RUN DATE: 10/12/11
RUN TIME: 0031
RUN USER: ADMTOC97

Little Company of Mary EDM *LIVE*
PT CHART (FOR MEDICAL RECORDS)

PAGE 1

EMERGENCY DEPARTMENT PATIENT CHART

Patient: [REDACTED] Age/Sex: 43/M Acct No: [REDACTED]
Birthdate: [REDACTED] Unit No: [REDACTED]
Physician: [REDACTED] Registration Date/Time: 10/06/11 1510
Nurse: [REDACTED] Triage Date/Time: 10/06/11 1517
Chief Complaint: PAIN
Stated Complaint: HEAD AND HAND PAIN Priority: PT

ED ORDER SUMMARY

Ordered	Order	Ordering Provider	E-Signed
10/06/11 1519	HAND	[REDACTED]	N/A
10/06/11 1639	HEPATITIS B SURFACE ANTIGEN S	[REDACTED]	N/A
10/06/11 1639	HEPATITIS C VIRUS AB, SERUM	[REDACTED]	N/A
10/06/11 1721	Motrin	[REDACTED]	N/A

PATIENT INFORMATION

Triaged by:

ALLERGIES: NKA

LATEX ALLERGY: N

Weight

LB:

OZ:

KG:

EMI:

TRIAGE VITAL SIGNS: B/P: 118/80 Source: Manual
Temp: 98.3 Source: ORAL
Pulse: 97
Resp: 18 SaO2: 96 FI02: Room Air (21%)
Accucheck: PREGNANT: N
LMNP:

Medications given in Triage: MOTRIN Dose: 600MG

VISUAL ACUITY: RIGHT: 20/ LEFT: 20/ BOTH:

HOME MEDICATIONS: NONE

Medical History:

Cancer Location:

Psych Hx:

Drug Use:

Other Medical Hx:

Treatment prior to Admission:

Infectious Disease Hx: Hepatitis: HIV: MRSA:
VRE: Acinetobacter: MDRO: ESEL: KPC:
Pseudomonas (resistant): Positive MRSA Screening: C Difficile:

Comment:

Unit Number: [REDACTED]

Acct Number: [REDACTED]

Name: [REDACTED]

Age: 43 Sex: M

Admit Dr: [REDACTED]

RUN DATE: 10/12/11
RUN TIME: 0031
RUN USER: ADMTC97

Little Company of Mary EDM *LIVE*
PT CHART (FOR MEDICAL RECORDS)

PAGE 2

EMERGENCY DEPARTMENT PATIENT CHART

Patient: [REDACTED] Age/Sex: 43/M Acct No: [REDACTED]
Birthdate: [REDACTED] Unit No: [REDACTED]
Physician: [REDACTED] Registration Date/Time: 10/06/11 1510
Nurse: [REDACTED] Triage Date/Time: 10/06/11 1517
Chief Complaint: PAIN
Stated Complaint: HEAD AND HAND PAIN Priority: FT

Patient has observable signs of abuse: N

Pressure wound noted when assessed in the ED:
Location:

Central Line noted when assessed in the ED:
Location:

Foley Catheter Present in Triage: Foley Changed in ED:

G Tube noted when assessed in ED:

Patient Assessments

10/06/11 1517 Initial Pain/Injury/Swelling

Rapid Triage N; Age
43; Primary Language English; Mode of Arrival Car; Allergies:
NKA; Do you suspect you may have an allergy to latex
N; Pt is currently pregnant
N; Patient has observable signs of Abuse/Neglect N; Persistent cough No; Fever/night sweats
No; Wt loss >10 lb. No; Fever >100 degrees F No; Cough and/or sore throat No; Mask applied N;
Unable to assess information N; Onset/Duration Today; Location
L HAND AND HEAD; Injury Y; How did injury occur
HIT; Observable S/S No obvious; Comment
PT STATES THAT HE WAS HIT AND KNOCKED OFF BIKE; BP 1
118/80; Source Manual; Temperature (F)
98.3; Source ORAL; Pulse 97; Respirations 18; Rate current pains 7; SaO2 96; LPM/ETIO2
Room Air (21%); Does the patient have a medical history? N; Tobacco Y; Alcohol Y;
Infection Control reviewed Y

10/06/11 1724 Ortho Assessment

Site(1)
LEFT HAND: Observable S/S(1) No obvious; CMS Adequate all Associated Extremities Y;
Positive pulses distal to injury(ies) Y; Level of Pain

3

MR

10/06/11 1722 Medication Administration Rec

Medication(1) MOTRIN
Dose(1)
600MG
Route(1) Oral
Time(1) 1722
Given by HUR2666

Unit Number: [REDACTED]
Acct Number: [REDACTED]
Name: [REDACTED]
Age: 43 Sex: M
Admit Dr: [REDACTED]

RUN DATE: 10/12/11
RUN TIME: 0031
RUN USER: ADMTC97

Little Company of Mary EDM *LIVE*
PT CHART (FOR MEDICAL RECORDS)

PAGE 3

EMERGENCY DEPARTMENT PATIENT CHART

Patient: [REDACTED] Age/Sex: 43/M Acct No: [REDACTED]
Birthdate: [REDACTED] Unit No: [REDACTED]
Physician: [REDACTED] Registration Date/Time: 10/06/11 1510
Nurse: [REDACTED] Triage Date/Time: 10/06/11 1517
Chief Complaint: FATE
Stated Complaint: HEAD AND HAND PAIN Priority: PT

Treatments

10/06/11 1645 Time pt IN ROOM [REDACTED]

10/06/11 2002 Pt Disposition

Sosnowski, Cheryl

Pt left AMA N; Patient ready for discharge Y; Immediate disposition Home: DISCHARGED Y;
Prescription(s) given Y; X-ray copies given N; Neurological symptoms N;
Is patient a victim of Domestic Violence N; Does pt have an IV N; Pt dispositioned in Good;
RN Critical Care N

Nursing Notes

Entered by Eain, Kirsten B on 10/06/11 at 1802

SPOKE WITH LAB ABOUT RESULTS, WILL BE DONE IN ABOUT HALF HOUR

DEPARTURE INFORMATION

Primary Impression: HEAD INJURY, CONTUSION
Disposition: HOME
Comment:
Condition: GOOD

Departure Date/Time: 10/06/11 - 2009

Referrals:
PHYSICIAN MATCH
Ph: (708)423-3070

Pt Instructions:

Departure Forms: CONTUSION, Head Injury

Unit Number: [REDACTED]
Acct Number: [REDACTED]
Name: [REDACTED]
Age: 43 Sex: M
Admit Dr: [REDACTED]

LITTLE COMPANY OF MARY HOSPITAL AND HEALTH CARE CENTERS
EVERGREEN PARK, ILLINOIS 60805

If you are a smoker for your own health & well being stop.

If you are an ex-smoker congratulations do not resume

National Suicide Prevention Hotline: 1-800-273-8255, available 24 hrs/day 7 days a week

Name: [REDACTED] Unit Number: [REDACTED] Birthdate: [REDACTED]
Acct Number: [REDACTED] Date: 10/06/11 Time: 2004



Donner Tucker
Patient/Responsible Party

10-6-11
Date

[Signature]
Staff Signature/Title

Last Updated: 12/15/05

Head injury

HEAD INJURY

A head injury shakes up the brain a bit. Examination of your brain and nerves was normal. Sometimes, though, problems can show up later.

Do the following:

- Rest quietly for about a day.
- Eat simple foods, such as soup or other liquids.
- Do Not Drink Alcohol!
- Have someone else watch you for the problems listed below
- Have them wake you to check you for symptoms every few hours.

CALL YOUR DOCTOR IF YOU HAVE:

- Repeated or persistent vomiting.
- Headache which worsens or lasts more than a day.
- Unequal pupils (one large and one small).
- Difficulty seeing.
- Difficulty walking or using your arms.
- Dizziness, confusion, or loss of consciousness.
- Difficulty being awakened.
- Bleeding or drainage of fluid from the nose or ears.
- Slurred speech.
- New or worsening neck pain.
- Any new or severe symptoms.

IF YOU CANNOT REACH YOUR DOCTOR, CALL OR RETURN TO THE EMERGENCY DEPARTMENT.

[Signature]
Patient/Responsible Party

10-6-11
Date

[Signature]
Staff Signature/Title

Last Updated: 12/15/05

LITTLE COMPANY OF MARY HOSPITAL AND HEALTH CARE CENTERS
EVERGREEN PARK, ILLINOIS 60805

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National Suicide Prevention Hotline: 1-800-273-8255, available 24 hrs/ds 7 days a week

Name: [REDACTED]

Acct Number: [REDACTED]

Unit Number: [REDACTED]

Date: 10/06/11

Birthdate: [REDACTED]

Time: 2004



Staff

Your caregivers today were:

Physician [REDACTED]

received 10/06/11 2004

Activity Restrictions or Additional Instructions

IF CONDITION WORSENS RETURN TO ER

You received prescriptions for the following meds:

IBUPROFEN

Specific information about each medication will be given to you by the pharmacist when the prescriptions are filled.

Follow-up

You have been referred to the following clinics/specialists for follow up care:

PHYSICIAN MATCH

Ph: (708) 423-3070

Bruise

CONTUSIONS (Bruises)

Contusions are an injury to a body part caused by a blunt object. The force of the injury breaks some of the tiny blood vessels in and under the skin. Leaking blood from these broken vessels causes the swelling and the blue color. As the bruise heals, the swelling will go away. The bruise will change as the blood is washed away from the inside. Its color will change from blue to yellow-green and later to a faint brown. It should disappear completely in about 3 weeks.

Do the following:

- Apply ice packs. These help keep the swelling down in the first 2 days after an injury. After that, it should get steadily better.
- After 2 days, use warm packs. That will help the injury heal faster.

CALL YOUR DOCTOR IF YOU HAVE:

- Increased pain or swelling.
- Fever.
- Pain lasting longer than 1 week.
- Any new or severe symptoms.

I understand the written and discussed instructions. My questions have been answered.

LITTLE COMPANY OF MARY HOSPITAL AND HEALTH CARE CENTERS
EVERGREEN PARK, ILLINOIS 60805

If you are a smoker for your own health & well being stop.

If you are an ex-smoker congratulations do not resume

National Suicide Prevention Hotline: 1-800-273-8255, available 24 hrs/day 7 days a week

Name:

Unit Number:

Birthdate:

Acct Number:

Date: 10/06/11

Time: 2004



RUN DATE: 10/09/11
RUN TIME: 0012
RUN USER: LAB03E1

Little Company of Mary Lab **LIVE**
Discharge Cumulative Summary Report

PAGE 1

Name: [REDACTED] Age/Sex: 43/M Attend Dr: [REDACTED]
Acct#: [REDACTED] Unit#: [REDACTED] Status: DEP ER Location: ER
Reg: 10-006/11 Disch: [REDACTED]

*** IMMUNOLOGY ***

Date: 10/06/11
Time: 1730 Reference Units

HIV 1/2 AB/AG COMBINED S (A) (NEGATIVE)

- (A) NEGATIVE
HIV-1 p24 Ag and HIV-1/HIV-2 Ab not detected.

HEPATITIS B SURFACE AG S (B) (NONREACTIVE)

- (B) Nonreactive
See also (C)
(C) No HBsAg is detected. This does not exclude the possibility of exposure to or early acute infection with HBV.

HEPATITIS C VIRUS AB S (D) (NONREACTIVE)

- (D) Nonreactive
See also (E)
(E) Antibodies to HCV not detected; does not exclude early acute HCV infection. Following exposure, antibodies usually become detectable within 8 weeks.

LABORATORY REPORT

Care Station Little Company of Mary Hospital
5660 W 95th Street and Health Care Centers 12432 S. Harlem Avenue
Oak Lawn, IL 60450 W. 95th Street, Evergreen Park Palms 60463
(708)-229-5678

RADIOLOGY IMAGING SPECIALISTS, LTD

Patient Name: [REDACTED]

Unit No: [REDACTED]

EXAM#	TYPE/EXAM	RESULT
002430198	RAD/HAND	

Left hand Oct 06, 2011 03:52:00 PM .

Indication: Medial left hand injury.

Comparison: No previous.

Comment: 3 views of the left hand were obtained. There is no evidence of focal soft tissue swelling, fracture or dislocation. There are early osteoarthritic changes in the left first and fifth metacarpal phalangeal joints.

Conclusion:

- 1. No evidence of acute fracture or dislocation.*
- 2. Early osteophytic changes in the left hand.*

Dictated by: Domiano, Stevan

Responsible Dr: Domiano, Stevan

**** REPORT SIGNED IN OTHER VENDOR SYSTEM 10/06/2011 ****
Reported By: [REDACTED]

CC:

Technologist: [REDACTED]
Transcribed Date/Time: 10/06/2011 (1617)
Transcriptionist: PSCRIBE
Printed Date/Time: 10/07/2011 (0010)

PAGE 1 Signed Report

Name: [REDACTED]
Phys: [REDACTED]
DOB: [REDACTED] Age: 43 Sex: M
Acct No: [REDACTED] Loc: ER
Exam Date: 10/06/2011 Status: DEP ER
Radiology No: